BOONE COUNTY RECORDER/REGISTRAR VERONICA A. RARDIN

BOONE COUNTY COURTHOUSE 201 STATE STREET SUITE 13 BOONE, IOWA 50036-3987 PHONE 515-433-0514 FAX 515-433-4972

Deputy: Christy R. Duncan

Office Assistant: Cristine R. Downey

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of copy (check one)	Certified	Photocopy
NAME OF VETERAN		
Birth date of Veteran	····	
Relationship of the Person/Agency Record:	y Receiving This C	opy to the Person Named on the
Self Immediate Fami	ly – relationship: _	
Authorized Agent or Representative	ve: (check one)	POA Funeral Director
AttorneyOther:	····································	
75-year old record	ordered by court	
required by federal or state (VA director, etc.)	government or poli	tical subdivision
Reason for Needing this copy:		
Applicant's signature		Day phone #
Name and Address of Person Rece	eiving this copy (RI	EQUIRED)
Name:	Section 2	
Street:		ė.
City State 7in		